

EXHIBIT C.1

OWNER/MANAGEMENT CONTACT INFORMATION FORM

This form must be submitted as changes occur

Property Name: _____

Address: _____ City/State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____ County: _____

On Site Manager: _____ Email Address: _____

Property and Property Management information to be filled out by the Property Management Company

Is this a change in Property Management? Yes ☐ No ☐ Effective Date: _____

Property Management Company: _____

Address: _____ City/State: _____ Zip Code: _____

Contact Name: _____ E-mail address: _____

Telephone #: _____ Fax #: _____ Tax ID #: _____

TAX ID# to be Management Company's for COL Reporting

Project Partnership Information to be filled out by Owner/Managing General Partner

Is this a change in Ownership? Yes ☐ No ☐ Effective Date: _____

Project Partnership Name: _____

Managing General Partner Name: _____ Tax ID #: _____

Address: _____ City/State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Contact Name: _____ E-mail address: _____

Please list below up to three (3) contacts to receive NHD correspondence. Include the name, address, phone number and email address. Or include any additional information or comments.

Owner/Managing General Partner Signature

Date

It is the responsibility of the above named individual to insure distribution to any and all applicable parties.

Exhibit E.1 EXEMPT UNIT

Date: _____

Property Name: _____

The undersigned hereby requests to remove, transfer or reinstate a designated low-income unit from/to the applicable fraction for determining the qualified basis (see Revenue Ruling 92-61).

Unit(s) shall be designated as an employee unit or for use as common space as defined in section 42 of the Internal Revenue Code [Section 1.103-8(b)(4) and Section 1.103-8(b)(4)(iii)].

To qualify as an exempt unit it **must** be occupied by full time employee or security officers that are considered reasonably required for the benefit of the project.

BIN #	Unit #	Sq. Ft.	Position	Transfer	Check the Appropriate Box (see below)	Effective Date
				Y <input type="checkbox"/> N <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/>	

Action Keys

1. Remove from qualified basis
2. Reinstate to qualified basis

Owner / Management must continue to submit the above information concerning the exempt unit on the Owner Annual Certification of Continuing Compliance. Additionally, in the event of a change in the status concerning a unit, Nevada Housing Division requires the resubmission of this form.

Owner / Owner Agent Printed Name and Title: _____

Owner / Owner Agent Signature: _____

Date Signed: _____

NHD Approval: _____

Date: _____

Exhibit NV-2h
RECURRING GIFT VERIFICATION

Property Name: _____ Date: _____

Resident/Applicant: _____ Unit: _____

THE FOLLOWING TO BE COMPLETED BY THE GIFT PROVIDER:

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Gross Amount: _____ Frequency (weekly, monthly, etc.): _____

Purpose: _____

Any expected changes in gift amount occurring within the next twelve (12) months? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please complete the following:

Date of Expected Change: _____ Gross Amount Change: _____

Signature of Provider: _____

Date Signed: _____

Note: Tenant(s) may provide a photo copy of a valid ID for any person contributing cash gifts in lieu of Notary

I hereby certify that the information provided is true and complete to the best of my knowledge.

(Signature)

(Date)

(Printed Name)

Signed and sworn to (or affirmed) before me this

(Notary Stamp)

_____ day of _____, 20____

Notary Public for

_____ County, Nevada.

EXHIBIT NV-2i
UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. ☐ I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant _____ Date _____ Applicant/Tenant _____ Date _____